

## Foster Family Home - Corrective Action Report

Provider ID: 1-090086

Home Name: Precy Villanueva, CNA

99-058 Ohiaku Street

Aiea

HI

96701

Review ID: 1-090086-10

Reviewer: David Ayling

Begin Date: 11/13/2019

### Foster Family Home

### Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 11/13/19. Corrective Action Report issued during home inspection with all items due to CTA by 12/13/19.

6.(d)(1) - see applicable sections of the review

### Foster Family Home


### Background Checks

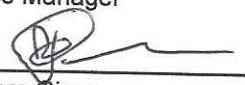
[11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2) - No current APS/CAN for CG #1 and CG #2. Expired on 6/23/19.

  
Compliance Manager

  
Primary Care Giver

11/13/19  
Date

11-13-19  
Date

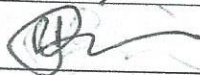
Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: PRECY VILLANUEVA

CCFFH Address: 99-058 CHIKAU ST., AIEA, HI 96701

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(2)	I received a current APS/ CAN from CG#1 and CG#2. I put them in my CCFFH binder.	11/20/2019	I placed the expiration dates for APS/CAN for all CG'S on my computer calendar. I will look at my calendar every month.

Primary Caregiver's Signature: \_\_\_\_\_



Print Name: \_\_\_\_\_

Precy P. Villanueva

Date of Signature: \_\_\_\_\_

11-20-19